



Central Permit Facility
500 W. Winchester Road Unit #101
Libertyville, IL 60048-1331
PHONE: (847) 377-2600 FAX: (847) 984-5608
EMAIL: lcpermits@lakecountyil.gov

Application Form

OFFICE USE ONLY

Application # _____

Sec. _____ T _____ R _____ Zoning _____

Date: _____

Property Information:

PIN: _____ or Address: _____

Owner's Information:

Name: _____

Address (If different than property address listed above): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell Phone: _____

FAX: _____ Email: _____

Primary Contact Information (not required if owner is the primary contact):

Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Cell Phone: _____

FAX: _____ Email: _____

Project Information:

Existing Use: _____

Description of Project: _____

Cost of Project: _____ Cost of Alterations: _____

Total Sq Footage of Project: _____ Total Disturbed Area (square feet): _____

Regarding this application and other supporting documents and issuance of permits/projects thereto, I/we hereby certify that I/we have provided Lake County with complete and accurate information relating to our proposal; I/we will conform to all Lake County and other applicable ordinances; I/we agree that all work performed under said permit/project will conform to the plans accompanying this application except for changed authorized by Lake County staff; and I/we acknowledge that approval of this permit/project only authorizes (indicate specific use) _____ use. I/We understand that submission of incomplete or inaccurate information may affect the validity of approvals issued.

Project Manager

Signature of Owner or Authorized Agent

Please complete applicable information

Waste Disposal Information

SEWER

- ☐ Public Sanitary sewer service: ☐ Connect ☐ Disconnect
☐ Existing Public sanitary sewer service: ☐ Modify ☐ Repair
☐ Change of Use Explain: _____

SEPTIC

Release Approved Plans To: _____ Name _____
Address: _____ Phone Number: _____
☐ New Construction ☐ Repair ☐ Property Alteration
Septic System Type: _____
of Bedrooms: _____ Projected flow (gpd): _____
Is public sewer available? ☐ Yes ☐ No If YES, distance to the public sewer supply _____ Ft.

Water Supply Information (check all that apply)

PUBLIC WATER

- ☐ Public Water service: ☐ Connect ☐ Disconnect
☐ Existing Public water service: ☐ Modify ☐ Repair
☐ Water meter

WELLS

_____ Quarter of the _____ Quarter of the _____ Quarter
Type of Well The proposed well will supply water for a:
☐ Drilled ☐ Private water system (Serves an owner occupied residence)
☐ Driven ☐ Semi-private water system (Serves less than 25 persons)
☐ Dug ☐ Non-community water supply (Serves 25 or more non-residents)
☐ Other ☐ Non-potable water well (specific): _____
Diameter _____ Ft./In. Anticipated Depth _____ Ft. Proposed Aquifer _____
Is there another well on the property? ☐ Yes ☐ No If YES, the well will be: ☐ Used ☐ Sealed
Is the well to be sealed located in a pit? ☐ Yes ☐ No
If YES to the above, the pit will be eliminated by: ☐ Contractor ☐ Owner ☐ Retained
Reason(s) for request to retain pit: _____
Is public water available? ☐ Yes ☐ No If YES, distance to the public water supply _____ Ft.

Complete this section if the well is to serve a semi-private or non-community system.

People Served _____ Pump Cap gpm _____ Type of Storage Tank _____
Gallons of Storage _____ Cut-in/Cut-out _____ Type of Facility _____

Access Information: (Applicable if work is proposed within the County Highway Right-of-Way)

Name of County Highway: _____

Type of Proposed Work (check all that apply):

- ☐ New Access ☐ Storm sewer/culvert or sewer crossing
☐ Modify Existing Access ☐ Grading/roadside ditch modification
☐ Temporary Construction Entrance ☐ Single service water main tap-on
☐ Field Entrance ☐ Single service sanitary sewer tap-on
☐ Other Access Type _____ ☐ Other Work Type _____

Contractor's Information: *(Provide information as applicable)*

<input type="checkbox"/> Architect/Engineer	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> General Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Carpentry Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Electrical Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Heating Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
<input type="checkbox"/> Plumbing Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	
<input type="checkbox"/> Roofing Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	
<input type="checkbox"/> Septic System Designer	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	
<input type="checkbox"/> Well Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	
<input type="checkbox"/> Sewer/Water Contractor	Name: _____
Address: _____	
Phone: _____	Email: _____
License #: _____	